# Doctoral Dissertation Defense Form

Name: ___________________________  FIRST   ___________________________  LAST

uNID# __________________________________ Current Date __________________________

Dissertation Defense Date _________________

Dissertation Defense Title ___________________________________________________________

Passed []  Passed with Revision []  Failed []

Approved By:

Committee Chair

PRINTED NAME ___________________________  SIGNATURE ___________________________  DATE

Committee Members

PRINTED NAME ___________________________  SIGNATURE ___________________________  DATE

PRINTED NAME ___________________________  SIGNATURE ___________________________  DATE

PRINTED NAME ___________________________  SIGNATURE ___________________________  DATE

PRINTED NAME ___________________________  SIGNATURE ___________________________  DATE

PRINTED NAME ___________________________  SIGNATURE ___________________________  DATE

PLEASE NOTE: All graduate students should make sure that everything has been recorded in their Electronic Graduate Record File. You can view your Electronic Graduate Record File by logging into the Campus Information Systems (http://cis.utah.edu) and clicking on Graduate Student Summary under the Graduate Students section.

This form must be completed in full and signed by all parties. Please return to the MSE Academic Advisor in 304 CME.

Date Entered into CIS